

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND             |                                   |   |                |                |   |   |    |   |   |   |   |
|---|-----------------------------------|---|----------------|----------------|---|---|----|---|---|---|---|
| 1 Date of Request: <u>3/8/05</u>          |                                   | 2 Serial/Patent # <u>10631288</u>   |                |                |   |   |    |   |   |   |   |
| 3 Please refund the following fee(s):     |                                   | 4 PAPER NUMBER  | 5 DATE FILED   | 6 AMOUNT       |   |   |    |   |   |   |   |
| <input type="checkbox"/>                  | Filing                            |   |                | \$             |   |   |    |   |   |   |   |
| <input type="checkbox"/>                  | Amendment                         |   |                | \$             |   |   |    |   |   |   |   |
| <input type="checkbox"/>                  | Extension of Time                 |   |                | \$             |   |   |    |   |   |   |   |
| <input type="checkbox"/>                  | Notice of Appeal/Appeal           |   |                | \$             |   |   |    |   |   |   |   |
| <u>1454</u>                               | Petition                          |   | <u>2/30/04</u> | \$ <u>1330</u> |   |   |    |   |   |   |   |
| <input type="checkbox"/>                  | Issue                             |   |                | \$             |   |   |    |   |   |   |   |
| <input type="checkbox"/>                  | Cert of Correction/Terminal Disc. |   |                | \$             |   |   |    |   |   |   |   |
| <input type="checkbox"/>                  | Maintenance                       |   |                | \$             |   |   |    |   |   |   |   |
| <input type="checkbox"/>                  | Assignment                        |   |                | \$             |   |   |    |   |   |   |   |
| <input type="checkbox"/>                  | Other                             |   |                | \$             |   |   |    |   |   |   |   |
|   |                                   | 7 TOTAL AMOUNT OF REFUND  |                | \$ <u>1330</u> |   |   |    |   |   |   |   |
| 10 REASON:                                |                                   | 8 TO BE REFUNDED BY:  |                |                |   |   |    |   |   |   |   |
| <input type="checkbox"/>                  | Overpayment                       | Treasury Check  |                |                |   |   |    |   |   |   |   |
| <input type="checkbox"/>                  | Duplicate Payment                 | Credit Deposit A/C #:   |                |                |   |   |    |   |   |   |   |
| <input checked="" type="checkbox"/>       | No Fee Due (Explanation):         | 9 <table border="1" style="display: inline-table; text-align: center;"> <tr> <td>0</td><td>8</td><td>--</td><td>0</td><td>3</td><td>0</td><td>0</td> </tr> </table> |                |                | 0 | 8 | -- | 0 | 3 | 0 | 0 |
| 0   | 8                                 | --  | 0              | 3              | 0 | 0 |    |   |   |   |   |
| <u>DISMISSED AS MOOT</u>                  |                                   |   |                |                |   |   |    |   |   |   |   |
| 11 REFUND REQUESTED BY:                   |                                   |   |                |                |   |   |    |   |   |   |   |
| TYPED/PRINTED NAME: <u>D WOOD</u>         |                                   | TITLE: <u>SR ATT</u>  |                |                |   |   |    |   |   |   |   |
| SIGNATURE: <u>[Signature]</u>             |                                   | PHONE: <u>272-3231</u>  |                |                |   |   |    |   |   |   |   |
| OFFICE: <u>OP</u>                         |                                   |   |                |                |   |   |    |   |   |   |   |
| *****                                     |                                   |   |                |                |   |   |    |   |   |   |   |
| THIS SPACE RESERVED FOR FINANCE USE ONLY: |                                   |   |                |                |   |   |    |   |   |   |   |
| APPROVED: <u>[Signature]</u>              |                                   | DATE: <u>3/9/05</u>   |                |                |   |   |    |   |   |   |   |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: